## C IMERCIAL POULTRY OPERATION INSPECTION CHECKLIST

RECEIVED

Dat	ne: 2-22-99 Integrator: Cargill MAR 2 1999
Pro	ducer: Gary T. Fisher County: Chero Kee WATER GUALITY  Tress: HC 11 Box 108  STATE DEPT OF AGRICULTURE
Ado	dress: HCII Box 108 STATE DEPT OF AGRICULTURE
	: Tahlequah State: OK Zip: 74464
Pho	one Number: <u>456-4956</u> Watershed where facility is located: <u>11070209110</u> (1110103040
Туг	ne Facility: Turkeys Number of Houses: 3 Total Capacity: 37,400
	e Animal Waste Management Plan (AWMP) was last updated, obtained or(applied) or:98
	e of Soil Test: <u>5 - 98</u> Date of Litter Test: <u>5 - 98   7 - 98   8 - 98</u>
1.	AWMP: Is the AWMP available for Review? Yes No/ Per Ling 9  Litter: Sold Land Applied/ Fed: Next scheduled clean out date: 5-99  Waste Handling Procedures Listed: Yes/ No  Equipment Used: Own/ Lease Hire  Calculations: Yes/ No  Nutrient Analysis: Soil Yes/ No  Litter Yes/ No
	Land application areas described:  Yes No  Litter storage available: On Farm Emergency Other (List) No Ne
2.	Carran Diamanda
	Normal Mortality: 1 Composting / 2. Burial)
	Normal Mortality: 1 Composting 12 2. Burial 3. Rendering Frequency of Pickup 4. Incineration DEQ Permit Yes No Catastrophic Losses: Yes No
<del>5-</del>	Rain Lauge: Installed On Site and Maintained? Yes No Date
4.	Storage: Protected from runoff? Yes No No No Ne Records:
•	Application records:
	Current?
	Rate applied?
	Location of Application? //070209110
	Litter sold or given away
	Names and addresses NA
	Amount removed 240 to NS
	Litter sample analysis availableYes No
	Education Certificate
	Rainfall Log: 14 days before application Yes No  28 Days after application Yes No
6.	Has this facility had any discharge?Yes No
	(If Yes) Date and Time of Discharge?
	Date and Time reported to ODA?
7.	Is the AWMP being followed at this facility? Yes No Pending
7	chr L. Littlefield John Littlefield
<u>.</u>	Inspectors Name (Print)  Inspectors Signature
	Han PA. D
	Producer Signature
	$\checkmark$

Produ	cer: Bob Schwahe	Date:	1-16-01
6.	Education: Initial 9 hours:  Initial Year:  Yes  If so, how many comp  Recertification hours (3) Yes  If so, how many comp		No
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No No
8.	Is the AWMP being followed by this operation?	Yes	No_ Rending

9. Inspector's Comments/Observations:

Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

6.	Education:				
	Initial 9 hours: Yes V	It so, how many c	ompleted: 7	No	
	Recertification hours (3) Yes	If so, how many c	ompleted:	<b>N</b> o	
7.	Complaints:				
	Have there been any complaints this	s calendar year?	Yes		<del></del>
	If yes, have these been resolved?		Yes	No	<del></del>
8.	Is the AWMP being followed by the	nis operation?	Yes	<b>N</b> o	
9.	Inspector's Comments/Observation	ens:			
-/	Certificates	99	00	01	0 2
<b>5</b> ,	Cernficares	9	3	3	3
W)	np_oldone	being r	arised.		

Gary To Fisher
Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

Produc	er: BOB Schwaße	Date: /2/	18/02
6.	Education: Initial 9 hours: Initial Year:  Yes If so, how many complete Recertification hours (3) Yes If so, how many complete	ed: <u>9</u>	No
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No
8.	Is the AWMP being followed by this operation?	Yes	No N/A

9. Inspector's Comments/Observations:

Records ARE IN excellent shape!

old Awmp is Being Revised.

AUIO SERRY Inspector's Name

ORIGINAL - OFFICE

Inspector's Signature

Producer's Signature

YELLOW - INSPECTOR

PAGE 3 of 3

Producer: BOB Schwaße Date: 1-21-04				
6.	Education: Initial 9 hours: Initial Year:  Yes If so, how many complete Recertification hours (3) Yes If so, how many complete	ed: <u>9</u> ed: <u>3</u>	No	
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No	
8.	Is the AWMP being followed by this operation?	Yes	No_ / N/A	
9.	Inspector's Comments/Observations:			
	NAME OF PERSON RECEIVING EDUCATION:			
	BOB Schwaße			

Records are in excellent shape!

MR. Schwaße is sending in A New Registration For expanding operation. MR. Schwaße will still have 3 houses just potential OF more Birds.

Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

## COMMERCIAL POULTRY OPERATIONS INSPECTION CHECKLIST

Date: 4-12-99	Integrator Cargill
Producer: Greg Hurt	
Address: Rt Bex 31	
City: Colcord	State: OK Zip Code: 74338
Phone Number: 324 - 4575	Watershed where facility is located: 11110/03060
Type Facility: Turkey Breeders Nur	mber of Houses: 3 Total Capacity: 12,000
Date Animal Waste Management Plan (AWMP) wa	as last updated, obtained or applied for: $6-98$
Date of Soil Test: 6 - 98	Date of Litter Test: 12-98
1. AWMP: Is the AWMP available for Review?	
Litter: Sold Land Applied	Next scheduled clean out date: 10 522
Waste Handling Procedures Listed:	Yes No RECEIVED
Equipment Used Own	Lease Hire
Calculations:	
Nutrient Analysis: Soil	Yes No APR 1 4 1999
Litter	Vos No
Land application areas described:	WAIERQUALITY
Litter Storage Available: On Farm	Emergency Other(List) No STATE DEPT OF AGRICULTURE
2. Carcass Disposal:	Dinorgonoy Othor Distry
Normal Mortality: 1. Composting	2. Burial
3. Rendering	Frequency of Pickup
4. Incineration	DEQ Permit Yes No
Catastrophic Losses: Yes	No
Reported to ODA: Yes	No Date
3. Rain Gauge: Installed On Site and Maintained?	<del>_</del>
4. Storage: Protected from runoff?  5. Records:	Yes No
Application records:	
current?	Yes No
Rate applied?	Yes No
Date of application?	<u> ——</u>
Location of application?	Yes No same water shed.
Litter sold or given away	Yes No
Date of removal	
Names and addresses	<del></del> , <del></del> · / /
Amounts removed	Yes
Litter sample analysis available	Yes No 296 tons
Education Certificate	Yes No 246 7500
Painfall Log: -14 days before application	
28 days after application	Yes No
6. Has this facility had any discharge?	Yes No
(If Yes) Date and Time of Discharge?	
Data and Mina Barrata IA- OD AS	
Date and Time Reported to ODA?	Voc. // No.
7. Is the AWMP being followed at this facility?	Yes No
Gary To Fisher	Mary Thousand
	The Court of Court of the Court
Inspectors Name (Print)	Inspector Signature
	H. H
	cheg and
	Producer Signature

Produc	er: Greg Hurt	_Date:	
6.	Education: Initial 9 hours: Initial Year:  Yes If so, how many complet Recertification hours (3)  Yes If so, how many complet		No
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No No
8.	Is the AWMP being followed by this operation?	Yes	No

9. Inspector's Comments/Observations:

Gary To Fisher
Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

Case 4:05-cv-			<b>DWND</b> /OK on 05/18/2009
		INSPECTION CHECKLIST	
Da	ate: December diff	Integrator:	-orgill
Pr	oducer: Clyck Master	County:	dair
	idress: R1.2 Box 8	140	
	ty: Westulk	State: OK	
Ph	none Number: (9/8)723-5	Watershed where facility i	s located: ////0/03090
Ту	pe Facility: Furkly (Re)	Number of Houses:	Total Capacity: 18,700
	,		obtained or <b>X</b> applied for: 10:16-9
		Date of Litter Tes	
1.			
	Litter: Sold X Land App	lied Fed: Next so	cheduled clean out date: $\frac{-\mathcal{Y}-\mathcal{O}}{2}$
	Waste Handling Procedures List	ed: A Yes No	
		Lease Hire	_
	Calculations: NA	Yes No	_
	Nutrient Analysis:	ioil Yes No 🗶	_
	J	Litter Yes No X	-
	Land application areas described	l: Yes No	
	Litter storage available: On Far	l: Yes No Othe	(List) Span distriby
2.	Carcass Disposal:		OFF-SIFE
	Normal Mortality: 1. Compo	sting 🗶 2. Burial	J. ,
	3 Rend	ering Frequency of Pic	kup
	4. Incin	eration DEQ Permit	Yes No
	Catastrophic Losses: Yes	No X	<del></del>
	Reported to ODA:	res No	
3.	Reported to ODA: Rain Gauge: Installed On Site	and Maintained? Yes	No X Date
4.	Storage: Protected from rur	off? Yes No	
5.			_
•	Application records:		
		Yes/A	No
	Rate applied?	Yes	No
	Date of Application?		
•	Location of Application?		
	Litter sold or given away	Yes X	No
	Date of removal	^v	T claimed at yet
	Names and addresses		
	Amount removed		
	Litter sample analysis available		No X
	Education Certificate	Yes X3K	No
	Rainfall Log: 14 days before app		No X
		licationYes	No 🔏
6.	, , ,		No X
	(If Yes)	<u>——</u>	
	Date and Time of Discharge?		
	Date and Time reported to ODA	λ?	
7.			No
	RIGELI		TER DIL
	(f)r? 1 /5. )h 0/4/	` /9	ul h. storer
_	Inspectors Name (Print)		Inspectors Signature
· ************************************	The many of the same	1	/
f a.c	to the same to the street first	w/	1. most
<b>-،</b> ئر.	0.9.1.1000	- Cur	Producer Signature
ジに	0 3 1 1998	Oklahoma Department of Agriculture	
		Water Quality Services	
<b>V</b> A ∰214 - SV	ATERCONALITY PLOCA NE BULTURE	2800 N. Lincoln Blvd.	
	CONTINUE	Objet City OV 72105 4200	

Oklahoma City OK 73105-4298

(405) 521-3864

**REV 10/98** 

prior to little removal and application.

PAGE 3 of 3

Case 4:05-cv-	-00329-GK	(F-PJC Do	cument 2079-18 Registered Poultry				Page 10 of 22
							2
•	Producer: _	Clyde	Masters	· 	Date:	ctober 13 d	2000
	Init	ucation: ial 9 hours; Initial Year: ertification hours	$ \begin{array}{c c}  & \text{Yes} & \text{If so, I} \\ \hline  & \text{(3)} & \text{Yes} & \text{If so, I} \end{array} $			NO	ECEIVED OCT 18 2000
	Hav	mplaints: ve there been any ees, have these bee	complaints this calend	dar year?	Yes Yes	NoXSTATE	WATER QUALITY DEPT OF AGRICULTURE
	8. Is the	he AWMP being	followed by this ope	eration?	Yes	No /	TO AWMP
	9. Insp	pector's Comme	nts/Observations:				
Mr.	Ma.	sters,	is war	ting on	Lis	ANN	P.
00	Ais	s prep	varing th	6 Ah	MP.	Ala	la) triphic
2055	Procee	dure is	needed	A	smull	amount	of
litt	'e ua	, spread	d in 20	10U.	Horeve	no ra	H Was
Calci	/ n ted	because	Mr. M	Pastus	Las no	oAWM	Nyet.
			ly one				
educa	tion A	lour, u	ee net	<u>,</u>			
	De J Insp	pector's Name	Sholar	<i>U</i> .	Both Inspector's S	Ignature	a
					May Producer's Si	ignature	

PAGE 3 of 3

Producer's Sign

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

Case 4:05-cv	-00329-GKF-PJC Docum <b>ent/20079-08/ CHEEGKLISD</b> C ND/OK on 05/18/2009 Page 12 of 22
	Date: December 3, 198 Integrator: Honeys the White
	Producer: Enest Joyle County: Adain
	Address: Kt. 3 Box (280)
	City: State:
	Phone Number: (9/8)778-3220 Watershed where facility is located: 11/10/03090
	Type Facility: Turkey (Lpns) Number of Houses: 4 Total Capacity: 400
	Date Animal Waste Management Plan (AWMP) was last updated, obtained or X applied for: 10-29-98
	Date of Soil Test: March 30, 1998 Date of Litter Test:
	1 ΔWMP: Is the AWMP available for Review? Yes No X
	Litter: Sold X Land Applied X Fed: Next scheduled clean out date: ~/2-8
	Waste Handling Procedures Listed: Way Yes No  Equipment Used: Own Lease Hire
	Calculations: V4 Yes No
	Nutrient Analysis: Soil Yes X No
	Litter Yes No No
	Land application areas described: Af Yes No
	Litter storage available: On Farm _ Emergency Other (List)
•	2. Carcass Disposal:  Normal Mortality: 1. Composting   ✓ 2. Burial
	3. Rendering Frequency of Pickup
	4. Incineration DEQ Permit Yes No
	Catastrophic Losses: Yes No X
	Reported to ODA: Yes No
	3. Rain Gauge: Installed On Site and Maintained? Yes No X Date
	4. Storage: Protected from runoff? Yes X No  5. Records:
	Application records:
	Current? Yes X No.
	Rate applied?
	Date of Application? 9-15-98
	Location of Application? Field *3
	Litter sold or given away
	Names and addresses Eck Simmon r
	Amount removed 157.5 for
	Litter sample analysis availableYes, No X
	Education CertificateYes No No
	Rainfall Log: 14 days before application Yes No
	28 Days after application Yes No
	6. Has this facility had any discharge?Yes No No
	Date and Time of Discharge?
	Date and Time reported to ODA?
	7. Is the AWMP being followed at this facility? Yes No
	R D C D M
	Dret N. Shola Bet X. Shola
	Inspectors Name (Print) Inspectors Signature
	Samuet h
	- When as ayle
	Producer Signature  Oklahoma Department of Agriculture
	Water Quality Services .
	2800 N. Lincoln Blvd.

Oklahoma City OK 73105-4298 (405) 521-3864

This operation has not received an AWMP yox.

Little was applied to Field #3 in September 1988.

Based on March 1898 soil tests no litter

should have been spread on this Field due to a

Yes

Is the AWMP being followed by this operation?

Inspector's Comments/Observations:

PAGE 3 of 3

8.

9.

## COMMERCIAL POULTRY OPERATIONS INSPECTION CHECKLIST

NO	•
AW	MP

щ	Date	e: $4-19-00$ Integrator: $\frac{Cargill}{2}$
JLTUF	Proc	ducer: Bill Kay County: Cherokee
SPICL	Add	ducer: Bill Kay County: Cherokee
OF A(	City	10/0:1113) 9 State: Ok 7in: 74471
DEPT	·	
IATE I	Pho	State: $OK$ Zip: $74471$ The Number: $696-3669$ Watershed where facility is located: $11110103166$ Total Capacity: $46,66$
Ω	Тур	e Facility: Turkey Number of Houses: 3 Total Capacity: 40, 00
		Animal Waste Management Plan (AWMP) was last updated, obtained or opplied for
	Date	AWMP: Is the AWMP available for Review? Yes No Dearding 3-01
	1.	AWMP: Is the AWMP available for Review? Yes No North and Applied Falls North and Applied Sold North Applied
		Waste Handling Procedures Listed: Yes No No
		Equipment Used: Own Lease Hire Calculations: Yes No
		Calculations: Yes No No Nutrient Analysis: Soil Yes No
		Nutrient Analysis:  Soil Yes No Litter Yes No
		Land application areas described: Yes No
		Litter storage available: On Farm Emergency Other (List) \( \lambda \cdot \c
		Carcass Disposal:
		Normal Mortality: (1. Composting) / 2. Burial
		3. Rendering Frequency of Pickup
		4. Incineration DEQ Permit Yes No
		Catastrophic Losses: Yes No
		Description I to ODA . Voi
	3	Rain Gauge: Installed On Site and Maintained? Yes No Date
	4.	Storage: Protected from runoff? Yes No
		Records:
		Application records:
		Current?
		Rate applied? Yes No
		Date of Application?
		Location of Application?
		Litter sold or given away Yes No
		Date of removal $2-25$ $c < 3-7-60$
		Names and addresses
		Amount removed 200 Ton's
		Litter sample analysis available
		Education Certificate
	-	Rainfall Log: 14 days before application Yes No  28 Days after application Yes No
	6.	Has this facility had any discharge?
		(If Yes)
		Date and Time of Discharge?
		Bute und Time of Bioendige.
		Date and Time reported to ODA?
		Is the AWMP being followed at this facility? Yes No Policy 14
	(	Inspectors Name (Print)  Inspectors Name (Print)  Inspectors Signature
		Inspectors Name (Print) Inspectors Signature
		2111
		Fill May
		Producer Signature 1
	F	REV 10/98

Out of business

Gary T. Fisher
Inspector's Name

**Inspector's Comments/Observations:** 

9.

Inspector's Signature

Producer's Signature

Produ	cer: Docd JAN Rucker	Date:3	-13-03	
6.	Education: Initial 9 hours: Initial Year:  Recertification hours (3) Yes  If so, how many com  If so, how many com		No No	
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No	
8.	Is the AWMP being followed by this operation?	Yes	No	4
9.	Inspector's Comments/Observations:			
MR.	Rucker is waiting on A	AWMP.	FROM NR	<b>د</b> ح _
Pere	neds are in excelled	· .	/	

DAVID BERRY
Inspector's Name

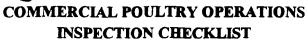
Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR





Date: 4 - 2 - 99	Integrator Cargin
Producer: Doc & Jan Rucken	
Address: Rt/ Box 960	<del></del>
City: Wa#/3	State:Zip Code:Zip Code:
Phone Number: <u>597-2322</u>	Watershed where facility is located: ////0103060
Type Facility: Turkeys Num	nber of Houses: 3 Total Capacity: 40, 000
Date Animal Waste Management Plan (AWMP) wa	s last <u>updated</u> , <u>obtained or applied</u> for: <u>12 - 90</u>
Date of Soil Test: 12-98	Date of Litter Test: 1 - 98
1. AWMP: Is the AWMP available for Review?	
Litter: Sold Land Applied	Yes No Pending Next scheduled clean out date: 4-99
Waste Handling Procedures Listed:	Yes No
Equipment Used Own	Lease Hire
Calculations:	Yes No
Nutrient Analysis: Soil	Yes No
Litter	Yes No
Land application areas described:	Yes No
Litter Storage Available: On Farm	Emergency Other(List) NONE
2. Carcass Disposal:	2
Normal Mortality: 1. (Composting)	3 2. Burial
3. Rendering	Frequency of Pickup
4. Incineration	DEQ Permit Yes No
Catastrophic Losses: Yes	No No
Reported to ODA: Yes	No Date
3. Rein Gauge: Installed On Site and Maintained?	Yes No
4. Storage: Protected from runoff?	Yes No Nove
5. Records:	
Application records:	
current?	Yes No
Rate applied?	Yes No
Date of application?	Yes No 6-98
Location of application?	Yes No Same watershed
Litter sold or given away	Yes No SAME WATER Sheet
Date of removal	Yes No 6-98
Names and addresses	Yes No No
Amounts removed	Yes L No 200 ton
Litter sample analysis available	Yes No No
Education Certificate	Yes No RECEIVED
Rainfall Log: 14 days before application	H 168
28 days after application	YesNo
6. Has this facility had any discharge?	Yes No APR 0 6 1999
(If Yes)	
Date and Time of Discharge?	WATER QUALITY STATE DEPT OF AGRICULTUR
Date and Time Reported to ODA?	
7. Is the AWMP being followed at this facility?	Yes No pending
Para Trail	Ham The
sary 1. Fisher	- Wing of Orsker
/ Inspectors Name (Print)	Inspector Signature
	N Por E Kill has
	Bradway Signatura
	Producer Signature

## COMMERCIAL POULTRY OPERATIONS INSPECTION CHECKLIST

AWM

APR 2 4 2000

WATER QUALITY
STATE DEPT OF AGRICULTURE

INSPECTION CHECKLIST	11 2014
Date: 4-20-00 Integrator: Cargill	
Producer: Doc & Jan Rucker County:	
Address: Rt 1 Box 960	
City: Watts State: 01/2 Zip: 74964	<u>_</u>
Phone Number: $597-2322$ Watershed where facility is located: $1/11610306$	0
Type Facility: Turkeys Number of Houses: 3 Total Capacity: 40,	
Date Animal Waste Management Plan (AWMP) was last updated, obtained or applied for: 12 - 5	18
Date of Soil Test: 12-98 Date of Litter Test: 1-12-98	ONe
Date of Soil Test: 12-98 Date of Litter Test: 1-12-98	cending
1. AWMP: Is the AWMP available for Review? Yes No	•
Weste Handling Procedures Listed: Ves No.	
Favinment Used: Own Lease Hire	
Calculations: Yes Vo	
Nutrient Analysis: Soil Yes No	
Litter Yes No	
Litter: Sold Land Applied Fed: Next scheduled clean out date:  Waste Handling Procedures Listed: Yes No Equipment Used: Own Lease Hire Calculations: Yes No Nutrient Analysis: Soil Yes No Litter Yes No Land application areas described: Yes No Litter Storage available: On Form	
Litter storage available: On Farm Emergency Other (List)	
2. Carcass Disposal:	
Normal Mortality: 1. Composting 4 2. Burial	
3. Rendering Frequency of Pickup	
4. Incineration DEQ Permit Yes No	
Catastrophic Losses: Yes No No	
Reported to ODA: Yes No Date Date	
3. Rain Gauge: Installed On Site and Maintained? Yes No Date  4. Storage: Protected from runoff? Yes No	
5. Records:	
Application records:	
Current?	
Rate applied? Yes No	
Date of Application?	
Litter sold or given away	
Date of removal	
Names and addresses <u>yes</u>	
Amount removed 170 toNs	
Litter sample analysis available	
Education Certificate	
28 Days after application Yes No	
6. Has this facility had any discharge?Yes No	
Date and Time of Discharge?	
Date and Time reported to ODA?	
7. Is the AWMP being followed at this facility? Yes No	
Jary To Fisher Shary Fisher Jarger Signature	
Inspectors Name (Print)  Inspectors Signature	
Klastle R.	
NOC RUCKU	
Producer Signature	
REV 10/98	

ODA Water Quality Services P.O. Box 528804 Oklahoma City, OK 73152-8804 (405) 521-3864

Producer: Doc & Jan Rucker Date: 3-29-01

6. Education:
Initial 9 hours: Yes If so, how many completed: 9 No\_
Initial Year: 199
Recertification hours (3) Yes If so, how many completed: 3 No\_

7. Complaints:
Have there been any complaints this calendar year? Yes No\_
If yes, have these been resolved? Yes No\_

8. Is the AWMP being followed by this operation? Yes No\_
Pending

**Inspector's Comments/Observations:** 

9.

rary To Fisher

Towns (Cake

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

PINK - GROWER

Page 19 of 22

Produc	cer: Doc & Jan Rucko	Date:			
6.	Education: Initial 9 hours: Yes VIf so, how many Initial Year: 99  Recertification hours (3) Yes If so, how many	completed: 9	. No_ . No_		
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes		<u>/</u>	
8.	Is the AWMP being followed by this operation?	Yes	. No_		
9.	Inspector's Comments/Observations:				
Ed.	Certificates	99	00 3	01 3	02 3
A u	Ump - will cx	with NR	<b>&lt;</b> 5		

Applicators License- Private

Gary To Fisher
Inspector's Name

inspector's signature

Producer's Signature

PAGE 3 of 3

Prod	ucer: Doc & JAN Rucker Date: 1-12-04
6.	Education: Initial 9 hours: Initial Year:  Recertification hours (3) Yes If so, how many completed:  No
7.	Complaints:  Have there been any complaints this calendar year?  If yes, have these been resolved?  Yes No
8.	Is the AWMP being followed by this operation? Yes No No
9.	Inspector's Comments/Observations:
	NAME OF PERSON RECEIVING EDUCATION:
	Doc Rucker
	Records are in excellent!
	Needs 3 LR Louis upolate BeFore June 30 04

David Berry
Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3

Case 4:05-cv-00329-GKF-	PJC Document 2	079-18 Eithert in LUS	IDC ND/OK on	05/18/2000
Date: Nove			Yoneys He	White
Producer:	erald Stephen	County:	Adair	
Address:	7. 2 Box 5	7		7/10/5
City: We		State: OR		14965
Phone Number:	(818) 778-3JJL V	Vatershed where facility	is located: _////	0103080
Type Facility:	turkey (fons)	Number of Houses:_	4 Total Cap	pacity: <b>9500</b>
Date Animal Waste	: Management Plan (AWMP)	was last updated,	obtained or appl	ied for:
Date of Soil Test:		Date of Litter Te	st:	
1. AWMP: ls t	he AWMP available for R	eview? Yes No 2	<u> </u>	~6-90
Litter: Sold	he AWMP available for F  Land Applied X  ing Procedures Listed:	Fed: Next:	scheduled clean out	date: D //
,, asio 1141101	ing I to to a minimum			
	nt Used: Own X	Lease Hire \(\)		
Calculations: Nutrient Ana		Yes No Yes No	<del></del>	
Nutrent Ana	Litter	Yes No <u>X</u> Yes No <u>X</u>	<del>,                                    </del>	
Land applica	tion areas described:	Yes No		, ,
Litter storage	tion areas described:	Emergency Oth	er (List) Sarea d	directly
2. Carcass Dis	)0Sai:		•	
Normal Mort	ality: 1. Composting	2. Burial Frequency of Pi		
	3. Rendering	Frequency of Pi	ckup	
	4. Incineration	DEQ Permit	Yes	No <u>X</u>
		No X		
Reported	I to ODA: Yes Installed On Site and Mai	No	No.	Date
			NO	
5. Records:	Protected from runoff?	100	<del>-,,</del>	
Application i	ecords:			
	•••••	Yes	No 🌴	
	lied?		No X	, ,
Date of A	Application?		not Cleaned a	ntyet
Location	of Application?			
	given away		No	
Date of the	removal		Classed at +	1004
	nd addressesremoved	-no+	Cleaned out	<i>yc1</i>
Litter sample	analysis available	Yes	No 🔏	
Education Co	ertificate	Yes X 31rs	No	
Rainfall Log	: 14 days before application	Yes	No X	
	28 Days after application	Yes	No X	
	lity had any discharge?	Yes	No 🔏	
(If Yes)	CD'1 0			
Date and 1 in	ne of Discharge?			
Date and Tin	ne reported to ODA?			
7. Is the AWM	P being followed at this fa	acility? Yes	No	
$\rho$		ing		0/-
Dret 1	1. Sholar		rut King	Son
Inspectors N	ame (Print)		Inspectors Signatu	ire
•		н	11 1	12-1
		140	will B St	yeur
	<b></b>		Producer Signatur	€
		na Department of Agricultus	re	
		Vater Quality Services 2800 N. Lincoln Blvd.		

Oklahoma City OK 73105-4298 (405) 521-3864